

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043398

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

195

Primary Registration District No.

Registrar's No.

71-62

FILED NOV 20 1962

## 1. PLACE OF DEATH

a. COUNTY

McDonald

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Rocky Comfort

Length of stay in 1b

15 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

His Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

McDonald

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Rocky Comfort

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Pryor

Samuel

Beaver

## 4. DATE OF DEATH

Month

Day

Year

November 11 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Feb-7-1889

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Bill Beaver

## 13b. MOTHER'S MAIDEN NAME

Lillie Clapper

## 14. NAME OF HUSBAND OR WIFE

Belle Beaver

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Belle Beaver Rocky Comfort Mo.

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Pulmonary Edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Congestive Heart Failure

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-3-61 to 11-2-62 and last saw her alive on 11-9-62

Death occurred at 10:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Charles J. Pryor MD

## 22b. ADDRESS

CASSVILLE, MISSOURI

## 22c. DATE SIGNED

11-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

Union Cemetery

## 23d. LOCATION (City, town, or county)

McDonald Co. Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

McQueen Funeral Home, Wharton, Mo.

## 25. DATE RECD. BY LOCAL REG.

November 14, 1962

## 26. REGISTRAR'S SIGNATURE

Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

NOV 27 1962

BURIAL PERMIT ISSUED NOV. 14, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.